## MARIETTA HISTORIC BOARD OF REVIEW CERTIFICATE OF APPROVAL APPLICATION FOR SIGNS & AWNINGS

Date:	Applicant:		
Business Name:			
Business Address:			
Applicant's mailing address:			
Applicant's phone number:			
(Certificates of Approval are granted in a City of Marietta.)	accordance with the Marietta Compret	hensive Development Code, Article 7-8-8, Historic	District of the
Certificate of Approval is sought	for (check one):		
Sign Awning			
Please provide with your appl	ication:		
-dimensions of bui -sketch of propose -dimensions of pro -sign to be installe door/window -awning to be insta -paint chip of prop	f existing buildingilding front areed sign or awningeposed sign or awning a d: flat on façade a beside door otlalled ft. above sid	- -	
Property Owner's Name			
Applicant's Signature:		Date:	
		FAX: 770.794.5505 ph: 770.794.55	i <b>02</b>
		ariettaga.gov the meeting at which it will be present	nted.
	CERTIFICATE OF A		
Type of Certificate Requested:			
Sign Awning			
Action of Historic Board of Revie	ew: APPROVED	DENIED	
Chairman:		-	
Date Approved:		-	
(application updated 4-27-06)			